



**CERTIFICATE OF OCCUPANCY  
FOR EXISTING STRUCTURE REQUEST FORM  
CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT**

**A.) SITE INFORMATION:** Residential (\$50.00) Commercial (\$75.00) Industrial (\$75.00)

Physical Address: \_\_\_\_\_ (Printed) Zoning District: \_\_\_\_\_

Property Owner of Record: \_\_\_\_\_ (Printed) Phone #: \_\_\_\_\_

Owner's Mailing Address (if different): \_\_\_\_\_ (Printed)

Current Use of Structure: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Proposed Use of Structure: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

**B.) APPLICANT INFORMATION:**

Property Owner of Record: \_\_\_\_\_ (Printed)

Address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City, State, Zip)

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Applicant Name: \_\_\_\_\_ (Printed)

Address: \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City, State, Zip)

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

*\* If applicant is not property owner of record, the Power of Attorney Form is required.***C.) STRUCTURE INFORMATION:** (A detailed floor plan with room labels and dimensions is required)

Type of Construction:  Wood Frame  Concrete Floors  Vinyl Siding  Fire Proof  
 Steel Frame  Reinforced Concrete  Brick Veneer  Basement  
 Block  Engineered Joist  Metal Siding  Crawl Space  
 Piers  Slab  Other: \_\_\_\_\_

Type of Heating Fuel:  Natural Gas  Propane Gas  Oil  Electric Heat  
 Gas Logs  Gas Fireplace Insert  Heat Pump

Air Conditioning:  Yes  NoWater Supply:  Public  Private (well)Sewage Disposal:  Public  Private (septic system)

Number of bedrooms: \_\_\_\_\_

Number of bathrooms: \_\_\_\_\_

**D.) GENERAL INFORMATION:** (Detailed description/daily operation of proposed use)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Licensing Agency: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**E.) SIGNATURE:**

**AFFIDAVIT:** The undersigned  property owner, or  \*duly authorized tenant/lessee [check one] certifies that the foregoing information is true and correct to the best of my knowledge and belief; with the understanding that any incorrect information submitted may result in the denial or delay of this request. I hereby authorize the City of Waynesboro to review this request, visit the property and enter the premises during normal business hours for the purpose of conducting a property maintenance inspection. I understand that upon completion of the inspection, permits may be required to correct any code violations observed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

*\* If applicant is not property owner of record, the Power of Attorney Form is required.*

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Permit #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Building Official/Zoning Administrator)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_